

Office:

House

Office: 45 Memorial Circle, Augusta, Maine



Name



FEB 192010

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☐ Senate

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

MAINEETHICS COMMISSION

Covering the calendar year January 1, 2009 through December 31, 2009

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Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Mailing address 20 Vails St.	District Phone	
City, zip code		
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from economic activity of each employer.	whom you received compensation of \$1,000 or	r more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
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Ly Las Golden training 198 ha	Paren go coss	Rebert
(For I	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)	The control of the co
A. List the name and address of your business, if a associated with a partnership, firm, professional as entity.	any, and list the major areas of economic activity sociation, or similar business entity, list the major	y from which you derived income. If or areas of economic activity of that
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Address:	The state of the s	The state of the s
Name: Address:		

	PART 2 (continued). INCOME DERIVED (For Legislators who are se	FROM SELF-EMPLO	YMENT
greater, and specify the disclosure is prohibited by	come derived from self-employment that represents principal type of economic activity of the entity or y law, rule, or an established code of professional e om the income was derived.	s more than 10% of your operson from whom you	derived such income. If this form of
	Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:			
Address:			
Name:			
Address:	**		
		e procedus estados com estados	
	PART 3. MAJOR AREAS ((For Legislators who are attorned)		
List your major areas of p	ractice. If associated with a law firm, list the major	Challen i Andrew I strang i strang proprietativa productiva productiva i productiva i intercessiva i constructiva i	of PUP to the Port PASS DESIGNATION BUILDING TO A STATE OF THE PORT OF THE PASS OF THE PAS
	Name and Address of Firm	Major Areas of Pra (self)	actice Major Areas of Practice (firm)
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Name:		***************************************	CALLE CONTRACTOR OF THE CALLE
Address:			
		s or incone	
List each source of income	PART 4. OTHER SOURCE e of \$1,000 or more <u>not listed</u> in Parts 1, 2, or 3 of the		iffs. If none check the box
None	PREMISES SERVICE SERVI		HITS. IT HOSTE, CHECK THE DOX.
La None	Name and Address of Source		Kind of Income (investments, leases, etc.)
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Name: Address:			
Audi ess.			
	PART 5. REPORTABLE	LIABILITIES	
List the names of creditor areas of economic activity	rs for any <u>unsecured</u> loans of \$3,000 or more that of each creditor. Do not list credit card liability or lo	t you received during the pans from a relative. If no	reporting period, and list the major ne, check the box.
☐ None			the section of the section of the section of the section of the section and an anti-section are also associated as the section of the section
	Name and Address of Creditor		Principal Type of Economic Activity of Creditor
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Address:			
Name:			жени портовительного портовичений расти в портовительного пор
Address:			

PART 6	. REPORTABLE GI	FTS	
List the specific source of each gift of more than \$300. Including none, check the box.	lude gifts with an aggre	egate value of more that	n \$300 from a single source. If
П None	ĸĸĸŢĊĬĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	is a degrada, between the extension of	ahvaahvaareegageegadumiised ((((((no. philaibilishaya))) waandoonooloonooloogaaleegiqaapahaanaissadusaansooloo
Name of Source of Gift	Halleshooks (Fall (Abba)), or other profession (Abba) and an another control of the control of t	Name of Sour	ce of Gift
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1. National Conference of the legal 2. Makeline & Strikey	CHISTORIAN CHESTORIAN AND ANALYSIA A	orth. Vindom and Maderia in Andrean and pro-print, again spre-and (AMA Vindom) are and all the Andrean Andrean and Andrean And	artiniere verheide kontrolle kontrolle de
PART 7. RI List the source of any honoraria accepted for appearances or	EPORTABLE HONG		Sition If none chank the hox
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PART 8. REPRESENT List each executive branch agency before which you represe	de constatutament a contrata en la constatue de la final de la constatue de la contrata de la contrata de la c		any amount. If none, check the
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Name of Agency		Name of Ag	jency
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2.	4.		
	IESS WITH STATE /		
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	er of your immediate fa	amily sold goods or sen	vices with a value in excess of
None None	elektrik elektriken kolonista kultura kultura kanangan lektrik pemengan pemengan pemengan pemengan pemengan pe	in A standing of a standing of the Standing of the Standing of the Astandard Company of the Asta	SEPERATURA BERANDERIKAN KALANDERIKAN PARILA
Name of Agency		Name of Ag	jency
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2.	de la		# CONTROL OF THE CONT
PART 10. INCOME RECEIVE	ED BY MEMBERS O	F IMMEDIATE FAMII	Y
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not in	d of income represented	more received by your d. If your spouse or dor	spouse or domestic partner or nestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Ac Representing Sourc Income Received	e of Relationship	Kind of Income
Name: Hichale I frakeng Job Title: Trucker	1. Dance Teac	Spouse or 1.	Enformate Endlymat
Job Title: Transfer to the second of the sec	2. Hot reach	Domestic 2. Partner 3.	Engleziment
	. 1844-) ет - 1840-иятичной водо покройной пок	Dependent Child	santandaraproporpay jak tipanda ripandara ya -birniadin-usannya yagababada da arabannya -ban-
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income		Dependent Child	
activity and the kind of income.		Dependent Child	

	PART 11.	OFFICER OR DIF	ECTOR POSITIO	NS	
any office, trusteeship,	nprofit corporation, firm, associ- directorship, or position of any a family member listed, indicate	nature. Indicate who	ether you or a family	held the position and v	immediate family held whether the position
□ None		CANANA SCHANA SCHANA SOVIEN	HANDER OF THE PROPERTY OF THE		**************************************
Org	ganization/Business and Address	Tit	le Positio		
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		SIGNATUR	(E		
Legislator who willfu	ully fails to file a required sta	itement is subject t	o a fine of up to \$1	00. (1 M.R.S.A. § 1	017-A)
Van	2 Jangeon	4		4/17/10	
	Signature	<i>§</i>		' Date	
		DDITIONAL INFO	RMATION		
Please provide any a he information you a	additional information below	(and on additional	sheets if needed).	Indicate the part or	section number for
Part/Section Number	And ground year gray request strong and statistical requirements have been been designed as sits a facility for the section and desirable	den er	in in which the contract of the second s		$\{ h_{ij} \in \{ h_{ij} \mid h_{ij} \in \{ h_{ij} \mid h_{i$
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